

### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

NOV 02 1988

PARYL QUINN PLT MGR ALLIED SIGNAL INC PO BOX 33950 DETROIT MI 48232

RE: EPA ID #: MID005517198

In response to your request of SEP 19 1988 the following information

has been updated:

NAME INSTL: ALLIED SIGNAL INC

CONTACT: QUINN DARYL PLT MAR

OWNER: ALLIED SIGNAL INC

ACTIVITIES: USED OIL BURNER

INDUSTRIAL BOILER FURNACE

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi Information Section

RCRA Program Management Branch

cc: State Agency File



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Kenneth W. Burroughs, Plant Mgr. Allied Corp., Detroit Tar Plant P. O. Box 33950 Detroit, Michigan 48232

RE: Interim Status Acknowledgement USEPA ID No. MID005517198 FACILITY NAME: Allied Corp., Detorit Tar Plant

Dear Mr. Burroughs:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

Enclosure

cc: A. H. Baker, Vice President-Process Chemicals

4246/62

### FACILITY NAME

EPA ID NUMBER

MID005517198

Allied Corp. Detroit rar Plant

FACILITY OPERATOR

Allied Corp

FACILITY OWNER

Allied Corp.

OTHER

### FACILITY LOCATION

1200 Zug Island Rd Detroit, MI 48232

PROCESS CODE		DESIGN CAPACITY	UNIT OF MEASURE
S01	•	4050	G

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United States Environmental Protection Agency

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EPA Form: 8700-12 (Rev. 11-85) Reverse



April 1, 1985

U.S. EPA Region V RCRA Activities P.O. Box 7861 Chicago, IL 60680

Dear Sir:

Enclosed please find our Notification of Hazardous Waste Activity for Allied's Detroit, Michigan facility (MID005517198). 6, 75 D, PA

This filing is made pursuant to requirements for notification as published in 50FR January 4, 1985 on Page 614.

Sincerely,

K. W. Burroughs

K. W. Burroughs

Plant Manager

CLD/ep Enclosure

heried Part A seld be submitted by 7-5-85

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Form Approved OMB No. 158-S79016

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SIGNATURE	/ /	NAME & OF	FICIAL TITLE (type or	print)	DATE SIGNED
Moura	ughs	Kenneth	W. Burroughs,	Plant Manager	3/26/85

EPA Form 8700-12 (6-80) REVERSE



EPA Form 8700-12B (4-80)

### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	•	MID005517198	REACK	NOWL	EDGEMENT
		ALLIED CHEMICAL PO BOX 33950	DETROIT	TAR	PLANT
		DETROIT		MI	48232
INSTALLATION ADDRESS		1200 ZUG ISLAND	RD	MI	48209

10/03/81



P.O. Box 33950 Detroit, Michigan 48232 (313) 842-4400

September 30, 1980

Mr. Y. J. Kim E.P.A. Region V RCRA Activities P. O. Box 7861 Chicago, IL. 60680

Dear Mr. Kim:

When filling out the "Notification of Hazardous Waste Activity", which was sent in before the August 18, 1980 deadline, one section was filled out inaccurately.

In section IX-B, Hazardous Waste from Specific Sources, item 13, Kool, should be deleted (see attachment). This plant, EPA I.D. No. MID005517198, does not have a wood-preserving process.

If we do not hear from you, we can assume this item was deleted. If not, please call me at (313) 842-4400.

Yours truly,

K. W. Burroughs Plant Manager

KWB/wg

cc: S. Bivone G. Migaki

File

**CONTINUE ON REVERSE** 

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EPA Form 8700-12 (6-80)

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EVA Form 6700-12 IL-00



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 5 230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

MAY 2 2 1991

Steve Buda, Chief Michigan Department of Natural Resources Waste Management Division P.O. Box 30028 Lansing, Michigan 48909 REPLY TO ATTENTION OF:

5HR-13

Re: Allied Signal, Inc. MID 005 517 198

Dear Mr. Buda:

The purpose of this letter is to request assistance from the Michigan Department of Natural Resources (MDNR) in reviewing Allied Signal, Incorporated's, non-hazardous waste determination for a waste pile located at their site.

On September 25, 1990, Allied Signal submitted a protective Part A filing to the United States Environmental Protection Agency (U.S. EPA), to provide for interim status, since previous sampling results indicated that the material in their non-regulated waste pile marginally exceeded the D018 regulatory level of 0.5 mg/l for benzene. Since that time, confirmatory testing has been performed, and on May 13, 1991, Daryl Quinn of Allied Signal informed the U.S. EPA that sampling results now indicate that the waste pile is non-hazardous. In addition, the facility contends that previous findings were a result of laboratory error. Therefore, the facility would like to demonstrate their findings by submitting the sampling and analytical data in order to support their determination.

The U.S. EPA would like your assistance in this review and would appreciate MDNR's opinion as to whether this waste pile is non-hazardous. We are particularly concerned about the "representativeness" of the samples. If you should have any questions regarding this matter, please contact Shari Kolak of my staff at (312) 886-6151.

Sincerely yours,

Rich Traub, Chief Michigan Section

RCRA Permitting Branch

cc: Liane Shekter Smith (MDNR)



Allied-Signal Inc.
Engineered Materials Sector
P.O. Box 1053R
Morristown, NJ 07962-1053

### **CERTIFIED MAIL**

RECEIVED WMD RECORD CENTER

NOV 02 1994

September 25, 1990

man de la companya d

Mr. David Ullrich EPA Region V Office of RCRA 230 S. Dearborn Street Chicago, IL 60604

Dear Mr. Ullrich:

SEP 2 7 1990 U. S. EPA, REGION V

Attached please find a protective Part A filing for what may be a D018 Toxicity characteristic storage pile at our Detroit Tar plant. The pile contains tar sludges, coal and coke, which primarily originated from a tar barge clean-out in 1983. These sludges were intended for reclamation to our process or reuse as a fuel.

In the spring of 1990, we obtained TCLP test data indicating that this material did not exceed any of the maximum concentrations of contaminants for the Toxicity characteristics. However, we received by phone today new results which marginally exceeded the D018 regulatory level of 0.5 mg/l for benzene. We are therefore making a protective filing to provide for interim status in the event that confirmatory sampling and analysis, to be initiated shortly, indicates that this material is a D018 material.

We are not certain whether the attached should be considered an amended Part A or a new Part A given the recent "clean closure" of the previously permitted container storage area. We have treated it as an amendment. A copy of the original application will be mailed to your office today.

If you have any questions, please call Finn Bohn at 201-455-4767 if there are any questions.

Sincerely,

G. H. Collingwood

Vice President & General Manager

Tar Products

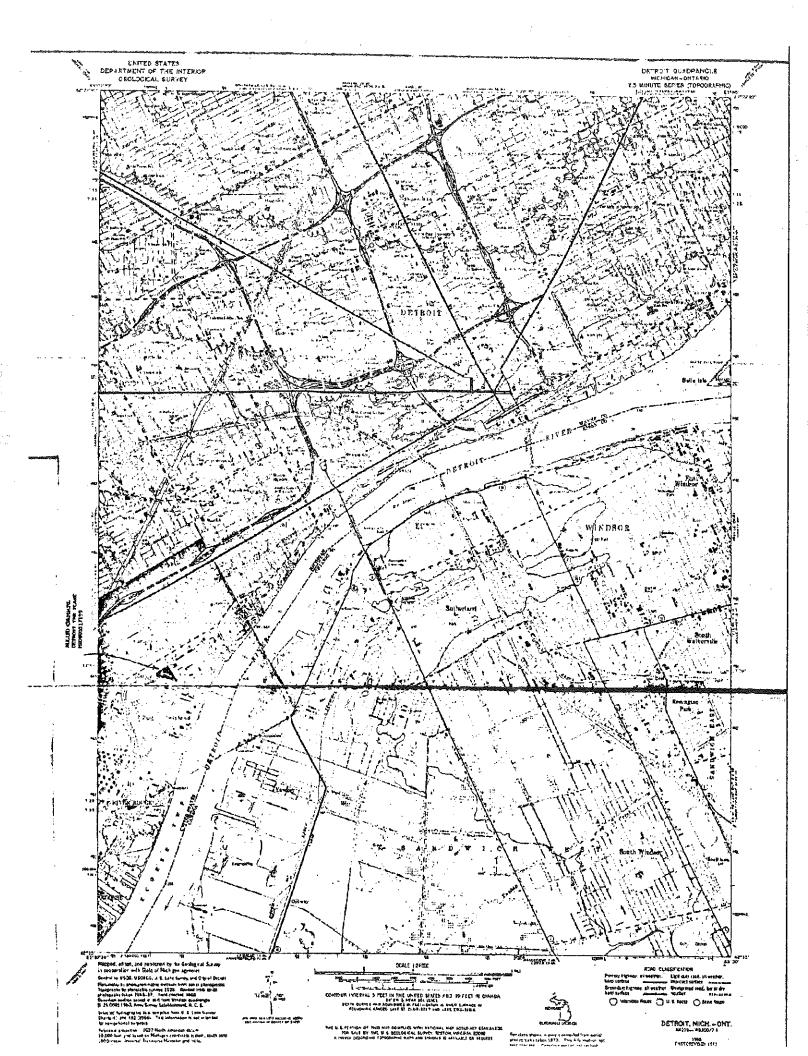
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II. POLLUTANT CHARACTERISTICS			11					4 - 1 <sup>(10)</sup> A
INCTRUCTIONS: Complete A through I to determine w	hethe	r voi	u need to	submit any permit application	forms to the EPA. If you ans	wer "	yes" t	o any
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no"	to for	m lie	eted in the	narenthesis tollowing the ques	stion. Mark A in the dox in	the th	iiru ec	HUINER
is excluded from permit requirements; see Section C of the	instru	ctio	ns. See also	o, Section D of the instructions	for definitions of bold-faced	term	s.	
SPECIFIC QUESTIONS	YES	NO	K'X' FORM ATTACHED	SPECIFIC Q	UESTIONS	YES		K'X' FORM ATTACHE
A. Is this facility a publicly owned treatment works		x			(either existing or proposed)		X	
which results in a discharge to waters of the U.S.? (FORM 2A)					n facility which results in a	19	20	21
C. Is this a facility which currently results in discharges	16	17 X	18	D. Is this a proposed facility		10	X	- 41
to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	23	24	waters of the U.S.? (FOR		25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		×	municipal effluent below taining, within one qua	the lowermost stratum con- inter mile of the well bore, rinking water? (FORM 4)		×	
G. Do you or will you inject at this facility any produced	28	29	30		t at this facility fluids for spe-	31	32	33
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro-	8	X	ne s	cial processes such as m	ining of sulfur by the Frasch of minerals, in situ combus-		X	
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid				tion of fossil fuel, or rec (FORM 4)	covery of geothermal energy?	37	38	39
hydrocarbons? (FORM 4)  1. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-	34	38	36		ed stationary source which is ustrial categories listed in the			
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the		X	-4-1	instructions and which w	vill potentially emit 250 tons ant regulated under the Clean	46	X	56 0
Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	At	42	Air Act and may affect of area? (FORM 5)	or be located in an attainment		44	45
III. NAME OF FACILITY								CESTO I
1 SKIP ALLIED SIGNAL	NC	)	DET	ROIT TAR	PLANT	59		
IV. FACILITY CONTACT			No.				9	
A. NAME & TITLE (last, f					. PHONE (area code & no.)	4		
QUINN DARYL PLANT		1 A	NAG	ER 31	3 8 4 2 4 4 9 6			
V. FACILITY MAILING ADDRESS	i i							
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B. CITY OR TOWN	1 1	7	1 1 1	C.STATE D. ZIP CO	SEP 2 7 1990			
4 DETROIT				MI 4823	4			
VI. FACILITY LOCATION			1) 	A. V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Te 74		
A. STREET, ROUTE NO. OR OTHER	SPEC	FIC	IDENTIF	IER				
5/200 ZUG 13LAND A		~ D						
B. COUNTY NAME					200	A V		
WAYNE				70	The state of the s	, *	1742	
C. CITY OR TOWN				D.STATE E. ZIP CO	(II KHOWII)			
6 DETROIT	1 1			M1 4820	.			
EPA Form 3510-1 (6-80)				40 41 42 47	51 52 - 54 CON	TINUE	ON	REVERS

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VIII. OPERATOR INFORMATION  A. NAME  B. Is the management of the m	III-A also the
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)  C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)  F = FEDERAL	III-A also th
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C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)  F = FEDERAL S = STATE O = OTHER (specify)  P = PRIVATE  E. STREET OR P.O. BOX  P O B O X / O 5 3 R  F. CITY OR TOWN  G. STATE H. ZIP CODE IX, INDIAN LAND  IS 16 40 41 42 47 - 51  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N  S T O W N	no.)
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15 10 TO At 42 A7 TO B1	nds?
	4
X. EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water)  D. PSD (Air Emissions from Proposed Sources)	
9 N 9 P	
B, UIC (Underground Injection of Fluids)  E. OTHER (specify)	
C T	
9 U 9 50 18 16 17 18 30	
C. RCRA (Hazardous Wastes) E. OTHER (specify)	100
9 R (specify) In direct Dischang	5.
13 (6 17 (8 ) 30 15 16 17 18 30	
XI. MAP	*
Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map mus the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other swater bodies in the map area. See instructions for precise requirements.	s waste
XII. NATURE OF BUSINESS (provide a brief description)	
Distillation of crude coal tent. produce	
creosote and coal tan pitch	
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CARACTER CAR CARE CARREST TARREST CARREST	
[10] [10] [10] [10] [10] [10] [10] [10]	
THE PROPERTY OF THE PROPERTY O	
	-380 - 20 8
XIII. CERTIFICATION (see instructions)	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for subfalse information, including the possibility of fine and imprisonment.	d in the
A NAME & OFFICIAL TITLE (type or print)   B. SIGNATURE     C. DATE SIGNE	D
6. H. Collingwood 1/1 11 0/ 9/25/9	
V.P. and General Manager / // Call	•
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C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , . , K
TONS	T	METRIC TONS	M .

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
   In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste, in column D(2) on that line enter
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

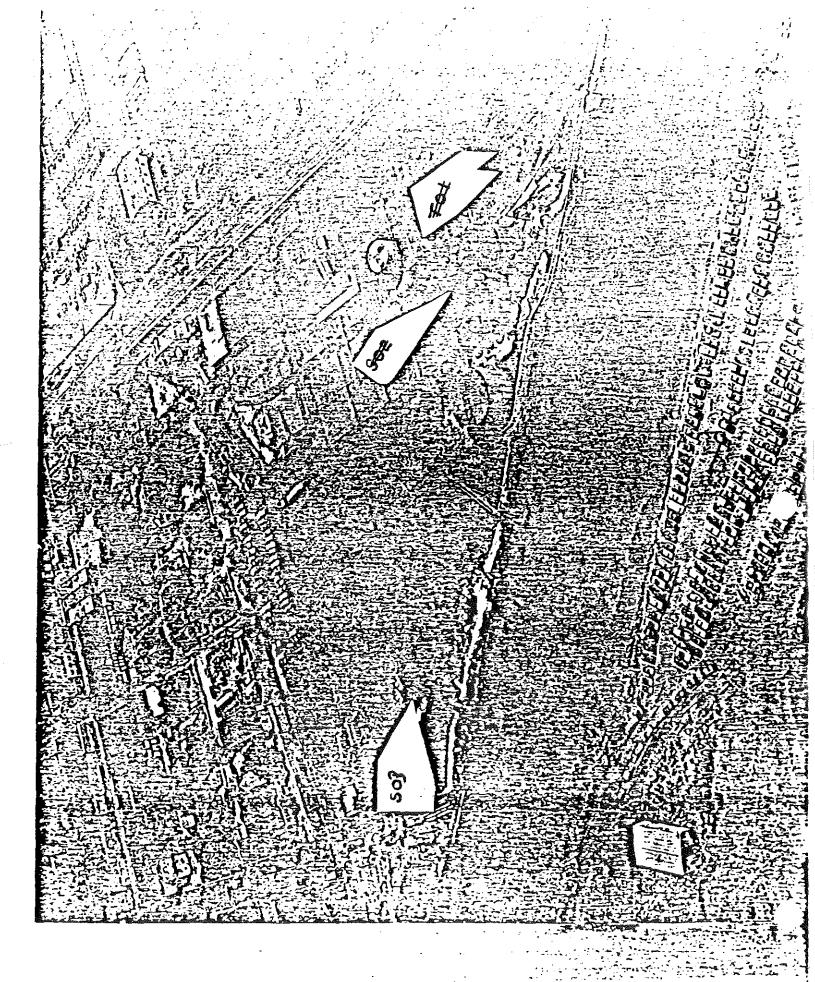
				PA				UNI		D. PROCESSES										D. PROCESSES	
NE ON	W	A:	<b>5</b> T		D. (O le)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	· s	URE ente	E				1. 1	PRC	CE (en		COE	EŞ			2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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X-2	L		0	0	2	400		P		T	0	T 3	D	8	0		I		T	Ţ	
<b>X</b> -3	L	)	0	0	1	100		P		T	0	3	D	8	0		1 1		T	γ	
X-4	L		0	0	2				,		1	1		7	T		1 "		1	r	included with above

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LINE NO.		4. E	EP#	_	m commented annual	L OF	UNIT FMEA- SURE (enter code)				(en	iss co			). PROCESSES  2. PROCESS DESCRIPTION (if a code is not entered in $D(I)$ )
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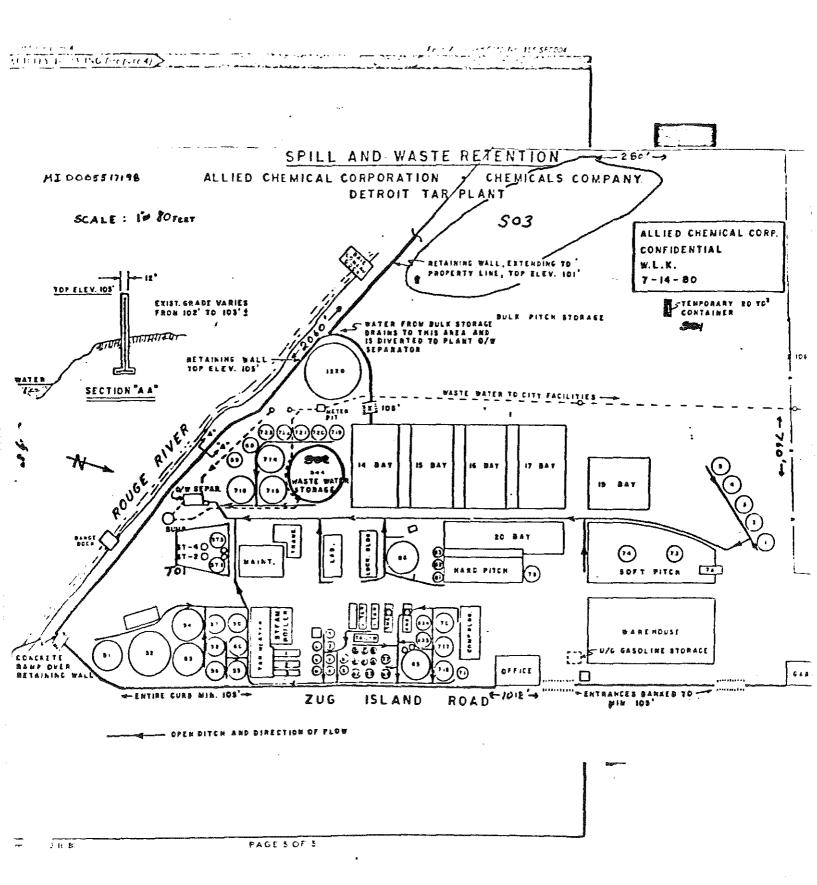
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Continued from the front.							化无色型基础 医动物性坏疽 化二	
IV. DESCRIPTION OF HAZARDOU IES (con								
E. USE THIS SPACE TO LIST ADDITIONAL PROC	ESS CODES FRO	M ITEM D(1) ON PA	GE 3.					
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EPA I.D. NO. (enter from page 1)								
EM10005517198								
1 2 - 13 14 15								
V. FACILITY DRAWING							,	
All existing facilities must include in the space provided on p	page 5 a scale drawing	of the facility (see instr	ictions for more	detai/,				
VI. PHOTOGRAPHS								
All existing facilities must include photographs (aeria	al or ground—level)	that clearly delineate	all existing st	ructu	es; exis	ting st	orage,	
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## RECEIVED

Allied Corporation Chemical Sector P.O. Box 1053R Morristown, NJ 07960-1053

JUL 8 1985

U.S. EPA, REGION V

June 25, 1985

REGISTERED MAIL

REGEOVED

JUL 03 1985

U.S. EPA Region V RCRA Activities P.O. Box 7861 Chicago, IL 60680 SOLID WASTE BRANCH U.S. EPA, REGION V

Dear Sir:

G, TSD, PA

Enclosed please find our amended Part A Permit Application for Allied's Detroit, Michigan facility MID 005517198.

This filing is made pursuant to requirements, as published in 50FR January 4, 1985 on Page 614.

Sincerely,

K. W. Burroughs Plant Manager

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IV DE	SCRIPTION	ON O	HA7	ARDOU	S WASTES	3

4, 754

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

CONTRIBUTE OTRER PROMOTES AND ADDRESS.

- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CO	DDE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	, , K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

1. PROCESS CODES:

For fisted hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, if more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(3); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous weste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT		D. PROCESSES						D. PROCESSES				
LINE NO.	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1		1. PROCESS CODES (enter)				ES			2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
X-1	K 0 5 4	900	P		T	0	3	D	8	0	ŢŢ		1	T	
X-2	D 0 0 2	490	P		T	0	3	D	8	0	1 1				
X-3	D 0 0 1	796	P		T	0	3	D	8	0	1 1		7	Т-	
X-4	D 0 0 3			-	1	!			T	1			, 1	-	included with above

The second section of the second seco DUFIV. DESCRIPTION OF HAZARDOUS WASTES (continued) C.UNIT OF MEA-SURF (enter code) D. PROCESSES W HAZARD. ZO WASTENO IZ (cuter code) B. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES (enter) 2 THOCESS DESCRIPTION (if a rook is not entered in D(1)) 3.5 - 29 27 - 28 27 - 28 27 ŀ F 0 0 3 200 T 2 F 0 0 4 200 Τ S 0 1 S 0 2 3 K|0|3|5| V 500 Ţ S 0 1 T 0 1 S 0 2 K 0 0 1 5000 Τ S 0 1 T 0 1 S 0 2 5 K 0 8 7 5000 T S 0 1 T 0 1 S 0 2 ו ס דו  $U \mid 0$ 5 1 1000 Т S 0 1 S 0 2 6 7 U 1 6 5 200 Τ S 0 1 S 0 2 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

 $\label{eq:continuous} |x| = |x| + |x| +$ 

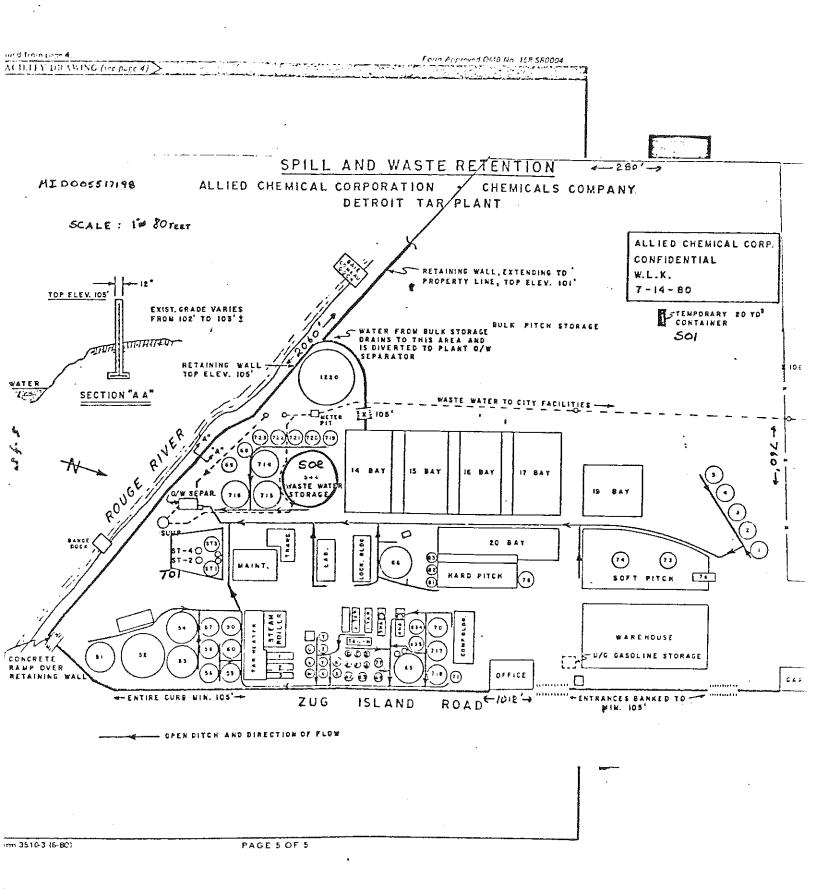
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EPA I.D. NO. (enter from page 1)		
FMID 0 0 5 5 1 7 1 9 8 6		
V. FACILITY DRAWING  All existing facilities must include in the space provided on p	page 5 a scale drawing of the facility (see instructions for	r more detail).
VI. PHOTOGRAPHS	age of a second	
All existing facilities must include photographs (aeria treatment and disposal areas; and sites of future stora		
VII. FACILITY GEOGRAPHIC LOCATION	age, treatment of disposal areas (see instructions	for more detail).
LATITUDE (degrees, minutes, & seconds)	LONGITUDE (	legrees, minutes, & seconds)
4 2 1 7 2 2 N	08	3 0 6 4 0 W
VIII. FACILITY OWNER	72 •	74 75 76 77 - 79
A. If the facility owner is also the facility operator as list	sted in Section VIII on Form 1, "General Information"	, place an "X" in the box to the left and
skip to Section IX below.		
B. If the facility owner is not the facility operator as lis		
1. NAME OF FACILI	ITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E   15   16	-	55 56 - 58 59 - 61 62 - 65
3. STREET OR P.O. BOX	4. CITY OF TOWN	5.ST. 6, ZIP CODE
F: 15 / 16	45 15 16	40 41 42 47 - 51
IX. OWNER CERTIFICATION		
I certify under penalty of law that I have personally e documents, and that based on my inquiry of those inc		
submitted information is true, accurate, and complete		
including the possibility of fine and imprisonment.	1 1	
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
K. W. Burroughs		
i. n. burroughs	( W. Durraugh	June 25, 1985
X, OPERATOR CERTIFICATION	(W. Durrough	
X. OPERATOR CERTIFICATION  I certify under penalty of law that I have personally e		ubmitted in this and all attached
X. OPERATOR CERTIFICATION  I certify under penalty of law that I have personally e documents, and that headed on my inquiry of those incompleted information is true, accurate, and complete	dividuals immediately <mark>respons</mark> ible for obtaining t	ubmitted in this and all attached he information, I believe that the
X. OPERATOR CERTIFICATION  I certify under penalty of law that I have personally e documents, and they beard on my inquiry of those incommitted information is true, accurate, and complete including the possibility of fine and imprisonment.	dividuals immediately responsible for obtaining t e. I am aware that there are significant penalties t	ubmitted in this and all attached he information, I believe that the for submitting false information,
X. OPERATOR CERTIFICATION  I certify under penalty of law that I have personally e documents, and that headed on my inquiry of those incompleted information is true, accurate, and complete	dividuals immediately <mark>respons</mark> ible for obtaining t	ubmitted in this and all attached he information, I believe that the
X. OPERATOR CERTIFICATION  I certify under penalty of law that I have personally e documents, and they beard on my inquiry of those including the possibility of fine and imprisonment.	dividuals immediately responsible for obtaining t e. I am aware that there are significant penalties t	ubmitted in this and all attached he information, I believe that the for submitting false information,

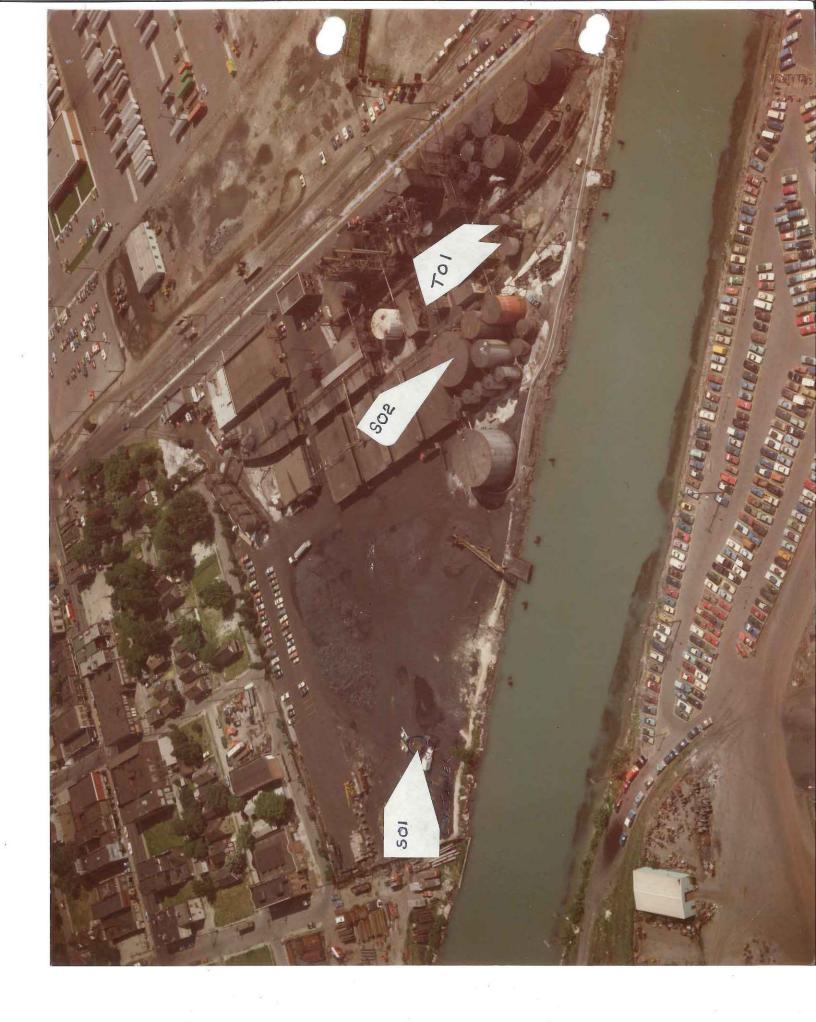
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Please print or type in the unshaded areas only [fill—in areas are spaced for elite type, i.e., 12 chare inch).	Form Approved OMB No. 158-R0175
FORM  SEPA  U.S. ENVIRONMENTAL PROTECTION AGENCY  GENERAL INFORMATION  Consolidated Permits Program  (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER  B M I D 0 0 5 5 1 7 1 9 8 D  GENERAL INSTRUCTIONS
I. EPA I.D. NUMBER	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross
III. FACILITY NAME	through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent (the area to the
V. FACILITY PLEASE PLACE LABEL IN THIS SPACE	left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below, If the label is
	complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all
VI. FACILITY LOCATION	items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under
II. POLLUTANT CHARACTERISTICS	which this deta is collected.
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit ap questions, you must submit this form and the supplemental form listed in the parenthesis following if the supplemental form is attached. If you answer "no" to each question, you need not submit an	the question. Mark "X" in the box in the third column y of these forms. You may answer "no" if your activity
is excluded from permit requirements; see Section C of the instructions. See also, Section D of the ins	tructions for definitions of bold—faced terms.  MARK 'X'
A. Is this facility a publicly owned treatment works  W  B. Does or will this include a process.	facility (either existing or proposed) intrated animal feeding operation or
(FORM 2A)  aquatic animal p discharge to water	roduction facility which results in a rs of the U.S.? (FORM 2B)
to waters of the U.S. other than those described in A or B above A or B above? (FORM 2C)	/ which will result in a discharge to A
E. Does or will this facility treat, store, or dispose of X X municipal efflue taining, within	nt below the lowermost stratum con- one quarter mile of the well bore, rees of drinking water? (FORM 4)  31, 32, 33,
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface X cial processes su	rou inject at this facility fluids for spe-
A training training fluids would fav aphanoard engagent of	n mining of minerals, in situ combus- el, or recovery of geothermal energy?
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons X. Is this facility a NOT one of the structions and which will potentially emit 100 tons	proposed stationary source which is 28 industrial categories listed in the which will potentially emit 250 tons X
	air pollutant regulated under the Clean y affect or be located in an attainment 43 44 45
III. NAME OF FACILITY ALL CORP DETROIS	T TAR PLANT
IV. FACILITY CONTACT	B. PHONE (area code & no.)
A NAME & TITLE (last, first, & title)  BURROUGHS KENNETH W PLANT MGR	3 1 3 8 4 2 4 4 0 0
V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX	13 40 - 11 P 45 - 510   52 - 515
PO BOX 33950	
C mod many least least your mod	ZIP CODE 8 2 3 2
VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C 1200 ZUG ISLAND RD	
B. COUNTY NAME	
W'A'Y'N'E'  C, CITY OR TOWN  D.STATE E.	ZIP CODE F, COUNTY CODE
G DETROIT MI 4	8 2 3 2
EPA Form 3510-1 (6-80)	7 1980 CONTINUE ON REVERS

CONTINUED FROM THE FRONT			
VII. SIC CODES (4-digit, in order of priority)	* *		
A. FIRST  (specify) Cyclic (coal tar	crudes and	B. SECON	
7 2,8,6,5 cyclic intermedi		19	
C. THIRD		D, FOUR	r <b>H</b>
(specify)	7	(specify)	
VIII. OPERATOR INFORMATION	2(5) (6	19	
VIII. OPERATOR INFORMATION	A. NAME		B. Is the name listed in
ALLIED CHEMICAI	CORPORATIO	N	Item VIII-A also the owner?
8 ALLIED CHEMICAL	CORTORNITIO		XX YES NO
C. STATUS OF OPERATOR (Enter the appr			. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than ) S = STATE O = OTHER (specify) P = PRIVATE	ederal or state) P (specify)	A 3	1 3 8 4 2 4 4 0 0
E, STREET OF	P.O. BOX		
PO BOX 33950	<u>, , , , , , , , , , , , , , , , , , , </u>	55	
F. CITY OR TOW	G.5	STATE H. ZIP CODE IX. INDIA	ALCOHOLD IN THE PARTY OF THE PA
BDETROIT	N. I.	T T I I A B 2 3 2 I	lity located on Indian lands?  YES X NO
15 16 -	40 4)	1 42 47 - 51	res Kino
X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Propo		
9 N	9 P		
	15 16 17 18 E. OTHER (specify)	30	
CITIC I I I I I I I I I I I I I I I I I	C T 1 1 1 1 1 1 1 1	(specify) City	of Detroit Sewer
9 U	9 15 16 17 18 -	Disc	harge Permit 1/19/77
C. RCRA (Hazardous Wastes)	E. OTHER (specify)		
9 R	9	(specify)	e Below
215 16 17 10 - 30 XI. MAP	15 16 17 18 -	30] 56	e below
Attach to this application a topographic map the outline of the facility, the location of ea treatment, storage, or disposal facilities, and	ach of its existing and proposed in I each well where it injects fluids	ntake and discharge structures,	each of its hazardous waste
water bodies in the map area. See instructions			
XII. NATURE OF BUSINESS (provide a brief descri	otion)		
The Detroit Tar Plant dist	ills coke oven tar, a k	y-product in the des	tructive
distillation of coal, into	refined tar products s		
refined coal tars, and cre	osote.		
	#r.T C	Nin Dormita	
The said the real releases		nty Air Permits 6, 911787, 911788	
	AIC JII10	0, 311.01, 311.00	
		e	
*			
XIII. CERTIFICATION (see instructions)			
I certify under penalty of law that I have pe	ersonally examined and am familia	with the information submitt	ed in this application and all
attachments and that, based on my inquiry application, I believe that the information is false information, including the possibility of	s true, accurate and complete. I ai		
A. NAME & OFFICIAL TITLE (type or print)	I B SIGNATURE	Street Constitution of the	C. DATE SIGNED
A. H. Baker	14	Brhen	4
Vice President-Process Chemic	als		Nov.11, 1980
COMMENTS FOR OFFICIAL USE ONLY			
C			
15 16			55

lease print or type in the fill—in areas are spaced for			nch).								Form	Approve	d OMB	No. 1.	58-58	0004	81	
FORM	A HAZ	ZARDOUS	ONME								I. EF	A I.D.	NUMBI	ER				
3 SEP		C	onsolic	lated	Permi	ts Prog	gram				FM	I D	0 0 !	5 5	17	1 9	8	1 1
RCRA LICE		is informatio	n is req	uired	unde	r Secti	on 36	05 0	f RC.	RA.)	1 2			SECTION .	Table.		13 1	4 15
OR OFFICIAL USE	ECEIVED	SER CARROLL		day."		- 21/16		-	CO	MMENTS	Will I man a little			to man Silver				
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23 24	- 29													Security 1				
I. FIRST OR REVISI		A STATE OF THE PARTY OF THE PAR		THE COL				THE S			i varaenskii							
lace an "X" in the appro evised application. If thi PA I.D. Number in Item	s is your first appli	B below (mail cation and yo	rk one ou alrea	dy ki	now y	o indic our fac	cate w	heth EPA	er th	is is the firs . Number, o	or if this is	ion you a a revised	re subm l'applica	ation,	for yo	your f	acility	or a
A. FIRST APPLICATI	ION (place an "X"	below and p	rovide	the a	pprop	riate d	ate)		200			EW FAC	HITY	(Comr	lete il	om h	elom l	
XILEXISTING	Complet	te item below	.)	a Oj	EAIST	ing ju	Citty.				71	LW TAC		FO	RNE	NFA	CILIT	
The second secon	OPERATION (use the box	ING FACILIT N BEGAN OF es to the left)	THE	DATE	CON	HE D	CTIO	yr., r	no., o	& day) ENCED	73 74	75 76	77 7	(yr.	, mo.,	& day	OR IS	RA-
1. FACILITY H	ATION (place an AS INTERIM STA		nd com	plete	Item	I abov	e)				2.	FACILIT	YHAS	A RCI	RA PE	RMI	_	
III. PROCESSES — CO	DDES AND DES	IGN CAPA	CITIE	S			3	150			Di Links		A Verifi		XIC N	MA.		<b>WE</b>
A. PROCESS CODE - E	nter the code from	the list of pr	ocess c	odes	below	that b	est de	scrib	es ea	ch process	to be used	at the fa	cility.	Ten lir	nes are	prov	ided fo	or
entering codes. If modescribe the process (i											ed that is n	ot includ	led in th	ne list o	of cod	es bel	ow, th	en
<ol> <li>PROCESS DESIGN C.</li> <li>AMOUNT — Enter</li> </ol>		ach code ente	ered in	colun	nn A e	enter ti	ne cap	acity	of t	he process.								
2. UNIT OF MEASU measure used. Onl	RE - For each am							e fro	m the	e list of uni	t measure	codes be	low that	t descr	ibes t	ne uni	t of	- 7
measure used. On	PRO-	APPROPR				u be u	ocu.					PRO-	APPI	ROPR	IATE	UNIT	SOF	
PROCESS	CESS	MEASURE	FOR	PROC	ESS				PR	OCESS		CESS		SURE				
Storage:	CODE	No. of Contract of	V COLUZ	1011			Trea	tmen		00200		3000		2 10 10 10 10 10 10 10 10 10 10 10 10 10	V 0/1	7101		
CONTAINER (barrel, d	lrum, etc.) S01	GALLONS O					TAN					T01	GALL	RSPE			R	
WASTE PILE	503	CUBIC YAR	ERS							POUNDME	NT	T02	LITE	RS PE	R DA	Y	OR	
Disposal:	MENT 504	GALLONS	OR LIT	ERS			INCI	NER	AIO	R		Т03		RICTO	DNSP	ERH		
INJECTION WELL	D79 D80	GALLONS O			e that		ОТН	FR (	TIRE 1	for physical	chemical	то4		RS PE	RHO	UR		
LANDFILL		would cover depth of one	one ac	re to			then	nal o	r bio	logical trea occurring in	tment tanks,			RSPE				
LAND APPLICATION	D81	HECTARE-	HECT	RES			surfa	ce in	scrib	ndments or e the proce	inciner-							
OCEAN DISPOSAL SURFACE IMPOUNDS	D82	GALLONS I GALLONS	RDAY		R		ine s	pace	prov	ided; Item	111-6.)							
	UNIT								U	NIT OF							JNIT	OF
UNIT OF MEASURE	MEAS		UNIT	OF	MEAS	URF				CODE	UN	IIT OF M	FASUE	RE		M	COD	
GALLONS		G	LITE	RS PI	ERDA	AY.				v	AC	RE-FEE	T				A	
CUBIC YARDS		Y	METI	RIC T	ONS	PER H	OUR			W		RES						
GALLONS PER DAY		U	LITE	RS P	ERHO	HOUR.	* * *			, , H		CTARES						
EXAMPLE FOR COMPL other can hold 400 gallor											storage ta	nks, one	tank car	n hold	200 g	altons	and t	he
s l		T/A C		1	1	1		1	1	11	11	11	1	1	1		1	1
C D U		14 15	1	1	1	1	1	1	1	111	111	1 1	11	1	11		1	1
A. PRO	PROCESS DESIG	GN CAPAC	TY		FO	NP.	R	A.P		B. P	ROCESS	DESIG	NCAF	PACIT	ГҮ		FO	P
CODE	1. AMOUNT		2. UN OF M	EA-		CIAL	E M BE	CO	DE		1 AM	OUNT			2. UN	EA-	FFIC	CIAL
(from list above)	(specify)		(ent	er	ON		NCN	(from	n list						(enti	er	ONI	
16 - 18 19	1	27	-	3	9 -	32		16	- 18	19				27	28		9 -	32
K-1 S 0 2	600		G				5								1			4
X-2 T 0 3	20		E				6					9.17						
1 S 0 1	20		Y				7			1			8					
2 See pg	.2					E B	8										7	
T 0 1* See pg			U				9											
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4 16 - 16 19		27	28	2	19	- 32	10	16	+ 18			A	W. 72.	27	28	2	9	32
					P	AGE	10	F 5		NOV	1 Py 10	100		CON	TINU	E ON	REV	ERSE

### III. PROCESSES (continued)

- C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.
  - \* Proposed "process wastewater from creosote production." Proposed in supplemental listing of hazardous wastes 40 CFR Part 261(8); Includes 10,000 gal./day in TOl

### IV. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant,
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	. P	KILOGRAMS	K
TONS	. T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

- 1. PROCESS CODES:
  - For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
  - For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
  - Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

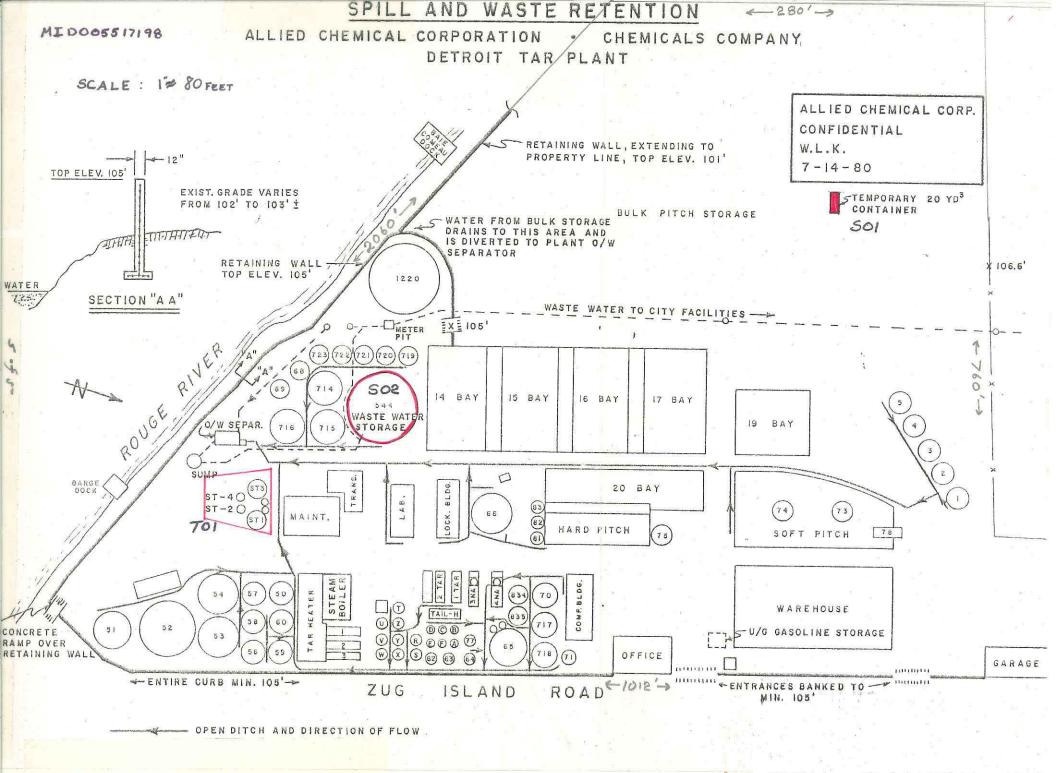
  In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill,

			EP				UNIT			D. PROCESSES								
LINE NO.	W	AS"	TE	NO de)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	5	MEA URE enter ode)				1.	PF			ss co ter)	DES	5	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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X-2	D	0	0	2	400		P	7	, 1	0 3	3 1	0	8	0				
X-3	D	0	0	1	100		P	7	' (	) 3	3 1	ס	8	0				COLUMN TO DE
X-4	D	0	0	2					1				1					included with above

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	I	D	0	0	5 5 1 7 1 9 8 1	1	1	W	2			DU	P		2 DUP
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2	U	0	5	1	1,200		T	S	0 1						non-hazardous wastes and slag
3	U	1	6	5	)						1		1	1 1	for stabilization
4	*				Proposed Waste 12,500		T		0 2	T	0 :		1	1	* See page 2
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IV. DESCRIPTION OF HAZARDOUS WAS'A . (co	ntinued)	All Street		in dist		
E. USE THIS SPACE TO LIST ADDITIONAL PRO	CESS CODES FROM ITEM D(1) ON PAGE	₹ 3.				
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EPA I.D. NO. (enter from page 1)						
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V. FACILITY DRAWING						
All existing facilities must include in the space provided on	page 5 a scale drawing of the facility (see instruct	ions for more de	tail).			
VI. PHOTOGRAPHS						
All existing facilities must include photographs (aeri	ial or ground-level) that clearly delineate a	ll existing stru	ctures; exi	sting s	torage,	
		and the second second				
treatment and disposal areas; and sites of future sto	rage, treatment or disposal areas (see instruc	ctions for more	e detail).			
treatment and disposal areas; and sites of future stored VII. FACILITY GEOGRAPHIC LOCATION	rage, treatment or disposal areas <i>(see instruc</i>	ctions for mor	e detail).	57		
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Chemicals Company Environmental Affairs Department P.O. Box 1139R Morristown, New Jersey 07960

November 14, 1980

EPA Region V RCRA Activities P. O. Box 7861 Chicago, IL 60680

Subject: RCRA Permit Application (Part A)

Allied Chemical Detroit Plant

EPA ID #MID005517198

Dear Sir:

Pursuant to 40 CFR Part 122, we herewith submit the subject permit application including Forms 1 and 3.

The process listing in Form 3, Section III is based on our interpretation of the RCRA regulations and the EPA Guide to the Regulations, and in some cases on discussions with EPA personnel.

The description of hazardous wastes listed in Form 3, Section IV is understood to be a current representation of our operations. However, such description may change as a result of alternate use or variation in raw materials, reagents, treating agents and/or manufacturing process variations.

The facility drawing for Form 3, Section V is our collective recollection at the present time regarding areas of past storage, treatment or disposal operations. We reserve all legal and other rights concerning this matter because of the considerable passage of time since the facility began operations.

If you have any questions about this application, please call the facility contact listed in Form 1.

Very truly yours,

R. Sobel, Director Environmental Control

A. Sobel

RS/jp

Facility Name Alled Corp Chemicals Location (City, State) Detroit, MI
Location (City, State) Detoit MI
EPA 1.D.# MID 005 517 198 '
Reviewer Name BF
Date of Review 3/20/86
The second secon

# SUMMARY OF FACILITY CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

	Are there any solid waste management units?  Yes No Undetermined
(2)	If answer to (1) is Yes, list the units by type, number and operating status. If answer to (1) is No or undetermined, go to Question (5).
a. b. c. d. e. f. g. i.	Type of Unit  Waste pile # 1  waste pile # 2  waste water treatment (AP) oil-water separator  active active active active active
(3)	For each type of unit listed in (2), <u>summarize</u> the types and volumes of wastes handled. <u>Type of Unit</u> <u>Type of Waste</u> <u>Volume of Wastes</u>
a. b. c. d. e. f. g. h. i.	waste pile #1 haz cons. co al tar + csaltar prods. 1000 tons waste pile #2 haz cons. Coal, coke hazecze, Goa tar 100 tons prods  waste water treatment heavy + light oils 33, 225 gals

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(4)	Summarize all releases of hazard check box as to whether company	ous waste or cons claims it was fu	stituents, and lly corrected.
	Releases	Corrected?	
a. b. c. d. e. f. g. h. i.	"mcidental spills + leaks Yes  of surmaterials" - Yes  coal tar + doal tarprodo Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No	Undetermined
(5)	Certification: Yes X	No	
(6)	Is additional information necess	ary? Yes	No
(7)	may not be adequate Need more information	n about spill	ger - signature s + lenks

Orig: CFE File

XC: Jim R

Ben O.

Rich T.



# BCM Eastern Inc.

Engineers, Planners and Scientists

One Plymouth Meeting • Plymouth Meeting, PA 19462 • Phone: (215) 825-3800

April 25, 1988

Mr. James D. Roberts
Environmental Engineer
Waste Management Division
Michigan Department of Natural Resources
Ottawa Street Building - South Tower
P.O. Box 30028
Lansing, MI 48909

Dear Mr. Roberts:

ACR EN 1638

Naste Micogement Division 198

This is in response to your February 26, 1988 letter requesting either a Part B Application for the Allied Signal (formerly, Allied Chemical Corporation) Corporation's (Allied) Detroit Tar Plant or closure of interim status TSD facilities at the plant. By this letter, Allied will demonstrate closure of the interim status TSD facilities at the Detroit Tar Plant by demonstrating that all TSD facilities specified in the Part A submittals are either (1) exempt from RCRA regulation or (2) have never operated as TSD facility and so are exempt from the closure requirements of the RCRA regulations. Allied will continue to remain in generator status.

On November 14, 1980, Allied submitted a Part A Application for the Detroit Tar Plant. This Part A identified three TSD facilities:

- A storage pad upon which a 20 cubic yard dumpster is located (SO1);
- (2) A wastewater pretreatment facility (TO1) which removes phenol prior to discharge of the wastewater to the local POTW; and
- (3) A wastewater storage tank (SO2) in which the wastewater was stored after treatment in the dephenolizer and before discharge to the POTW. This tank is no longer used for this purpose but now is used for product storage.

This Part A was updated twice. The first update, submitted in April, registered a change of company name and listed wastes which Allied thought it might wish to receive from offsite generators at some future time. The second update, submitted on June 25, 1985, provided additional information specifying the tanks in which hazardous waste might be stored at a future time. This information was required by an updated Michigan regulation.

The submittal of a Part A Application was made by Allied simply as a precautionary filing if it planned to store and/or treat hazardous waste onsite or receive hazardous waste from offsite in the future. Allied has not treated, stored or disposed of hazardous waste onsite or received hazardous waste from offsite at any time during the period in which the facility had interim status.

Closure of Treatment Facility (TO1): The dephenolizer (TO1) is exempt from the RCRA regulations because:

- 1. The dephenolizer is a wastewater treatment facility because it discharges to a POTW and is subject to pretreatment standards as required under 307 (b) of the Clean Water Act;
- 2. The dephenolizer consists of individual tanks (as defined in the regulations) which are wastewater treatment units;
- 3. A wastewater treatment unit is exempt from the Michigan Hazardous Waste Regulations under Section R299.9109 (m).

Closure of the 1,000,000 Gallon Storage Tank (SO2): The 1,000,000 gallon storage tank (SO2) is exempt from the RCRA regulations because:

- 1. The storage tank is a wastewater treatment facility because it discharges to a POTW and is subject to pretreatment standards as required under 307 (b) of the Clean Water Act;
- 2. The storage tank is a tank (as defined in the regulations) which is a wastewater treatment unit;
- 3. A wastewater treatment unit is exempt from the Michigan Hazardous Waste Regulations under Section R299.9109 (m).



Mr. James D. Roberts

Closure of Storage Pad (SO1): The storage pad is exempt from the RCRA Part B Permit Requirements because:

- This facility served only as short-term waste accumulation area;
- 2. This facility never received any hazardous waste from offsite; and
- 3. Only twice since the initial Part A submittal, in error, has the 90 day accumulation period been exceeded (by 30 days and 4 days).

We will be happy to demonstrate the validity of all statements in this letter. Upon your acceptance of the validity of these statements, we request that you determine that closure of the facility has been completed.

Should you wish to discuss this matter, we will be happy to meet with you either in your offices or at our facility. Should you have any questions in the meantime, please contact Mr. Henry Alexander of BCM Engineers at 215-825-3800.

Thank you for your help in this matter.

Very truly yours,

/gdb 83340

F. Bother H. Menforder S. Popumer

STATE OF MICHIGAN

NATURAL RESOURCES COMMISSION THOMAS J. ANDERSON MARLENE J. FLUHARTY KERRY KAMMER O. STEWART MYERS DAVID D. OLSON RAYMOND POUPORE



JAMES J. BLANCHARD, Governor

# DEPARTMENT OF NATURAL RESOURCES

DAVID F. HALES, Director

Region II Headquarters P.O. Box 128 Roscommon, Michigan 48653 December 1, 1988

allus Syrie -Detroit MI

Robert J. Ford, Corporate Manager Pollution Control Allied-Signal, Inc. Health Saftety & Environmental Sciences P.O. Box 1013R Morristown, New Jersey 07960-1013

Dear Mr. Ford:

The materials you submitted in your October 17, 1988, letter have been reviewed. Based on the materials submitted the corporation appears to be in compliance with the financial test requirements contained in the RCRA regulations.

Your cooperation in this matter was appreciated. Should you have any other questions do not hesitate to contact me.

Sincerely,

Thomas M. Polasek

Environmental Engineer WASTE MANAGEMENT DIVISION

517-275-5151

TMP:fs

cc: 4Sabadaska, EPA Devantier

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Allied-Signal Inc. Engineered Materials Sector P.O. 8ox 1139R Morristown, NJ 07960-1139

October 17, 1988

Mr. Thomas M. Polasek Michigan Department of Natural Resources Waste Management Division Region II Headquarters P.O. Box 128 Roscommon, MI 48653

Dear Mr. Polasek:

In accordance with your letter of September 14, 1988 I have attached a revised letter from our chief financial officer. Based on the new format there is now a Table III, but all other tables are unchanged from our original submittal.

Also attached is a page explaining Moody's corporate ratings, which shows that our referenced bond rating is A, which is specified in 40 CFR 264.147 (f).

I believe that we have addressed all the concerns identified in your letter. Please contact me at (201) 455-4947 if there are questions concerning these materials.

Very truly yours,

Robert J. Ford Corporate Manager

Robert J. Ford

Pollution Control

RJF/sp

Attachments

Oc. Deventier 11-10-486

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Allied-Signal, Inc. P.O. Box 3000R Morristown, NJ 07960-2496 Telephone: (201) 455-5107 (212) 964-5111

John W. Barter Senior Vice President and Chief Financial Officer

Director
Michigan Department of Natural Resources
P.O.Box 30038
Lansing, MI 48909

Dear Sir:

I am the chief financial officer of Allied-Signal Inc., Columbia Turnpike, Morristown, New Jersey 07960. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The firm identified above is the owner or operator of the following facilities for which liability coverage for both sudden and nonsudden accidental occurrences is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265: See Table I.

The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, liability coverage for both sudden and nonsudden accidental occurrences at the following facilities owned or operated by the following subsidiaries of the firm: None.

- 1. The firm identified above owns or operates the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: See Table I.
- The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure and post-closure care of the following facilities owned or operated by its subsidiaries. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility: None.
- 3. In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 or 265, this firm is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility: See Table II.

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- 4. The firm identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: None.
- 5. This firm is the owner or operator of the following UIC facilities for which financial assurance for plugging and abandonment is required under Part 144. The current closure cost estimates as required by 40 CFR 144.62 are shown for each facility: See Table III

This firm is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited, year-end financial statements and footnotes for the latest completed fiscal year, ended December 31, 1987.

## ALTERNATIVE II

1.	Sum of current closure and post-closure cost estimates (total of all cost estimates listed above) \$ 5,914,167
2.	Amount of annual aggregate liability coverage to be demonstrated
3.	Sum of lines 1 and 2
4.	Current bond rating of most recent issuance and name of rating service
5.	Date of issuance of bond
6.	Date of maturity of bond
*7.	Tangible net worth (if any portion of the closure or post-closure cost estimates is included in "total liabilities" on your financial statements, you may add the amount of that portion to this line) \$1,507,000,000
*8.	90% of assets are located in the U.S.) \$8,428,000,000
	YES NO
9.	Is line 7 at least \$10 Million?X
10.	Is line 7 at least 6 times line 3? X
11.	Are at least 90% of assets located in the U.S.? If not, complete Line 12X_
	$\frac{1}{2}$

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR  $\,$  264.151(g) as such regulations were constituted on the date shown immediately below.

John W. Barter Allied-Signal Inc.

Senior Vice President and Chief Financial Officer

October 14, 1988

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ALLIED-SIGNAL INC. FACILITIES FOR WHICH FINANCIAL ASSURANCE FOR LIABILITY COVERAGE AND CLOSURE AND/OR POST-CLOSURE COST IS BEING DEMONSTRATED BY THE FINANCIAL TEST

TABLE I

STATE	EPA ID NUMBER	PLANT NAME & ADDRESS	<u>CURREN</u> <u>CLOSURE</u>	COST ESTIMATES POST-CLOSURE CARE
Michigan	MID005517198	Detroit Tar Plant 1200 Zug Island Road Detroit, MI 48232	\$ 28,050	N/A
	MID048222601	Bendix Guidance Systems 375 No. Lake Street Boyne City, MI 49712	\$ 10,300	N/A
		Total, State of Michigan	\$ 38,350	

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### TABLE III

# ALLIED-SIGNAL INC. FACILITIES FOR WHICH FINANCIAL ASSURANCE FOR PLUGGING AND ABANDONMENT OF CLASS I UNDERGROUND INJECTION WELLS IS BEING DEMONSTRATED BY THE FINANCIAL TEST

STATE	EPA ID NUMBER	<u>WELL PERMIT NUMBER</u> <u>PL</u>	CURRENT COST ESTIMAT LUGGING AND ABANDONM
Illinois	ILD005463344 Danville Works Brewer Road Danville, IL 61832	1982-2-IOP	\$ 68,109
•		Total, State of Illinois	\$ 68,109

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Allied-Signal Inc. Engineered Materials Sector P.O. Box 1139R Morristown, NJ 07960-1139

### <u>Certified Mail</u> <u>Return Receipt Requested</u>

September 19, 1988

Mr. Thomas M. Polasek Waste Management Division Michigan Department of Natural Resources Region II Headquarters P.O. Box 128 Roscommon, MI 48653

Reference: Allied-Signal, Inc.

1988 Financial Test Documents

Dear Mr. Polasek:

Your letter detailing format concerns in the financial test letter from our chief financial officer, was just received. Addressing these concerns is straight-forward, but it takes us some time to obtain the necessary reviews and the signature of our chief financial officer. I am therefore requesting an extension to the response date until October 20, 1988.

Please contact me at (201) 455-4947 should there be any questions in this regard.

Sincerely,

Robert J. Ford

RJF/sp

SIT WALL

### MAY 2 0 1988

Mr. Robert J. Ford Corporate Manager, Pollution Control Allied Signal Incorporated P.O. Box 1013R Morristown, New Jersey 07960-1013

> Re: Financial Responsibility MID 005 517 198 MID 048 222 601

Dear Mr. Ford:

On March 22, 1988, you submitted the following financial test documents, covering the Detroit Tar Plant in Detroit, Michigan and the Bendix Guidance Systems in Boyne City, Michigan, under the Resource Conservation and Recovery Act (RCRA) to this office:

1. Letter from the chief financial officer;

Letter from an independent certified public accountant (Price Waterhouse); and

3. Allied Signal's 1987 annual report.

On October 30, 1986, the State of Michigan was granted final authorization by the Administrator of the United States Environmental Protection Agency (U.S. EPA) to administer a hazardous waste program in lieu of the Federal program. As a result of final authorization, Michigan is required to enforce the provisions of RCRA, including the financial responsibility requirements for liability coverage and closure/post-closure care in 40 CFR Parts 264/265, Subpart H.

To implement this aspect of authorization, financial documents must be written to satisfy the requirements of the equivalent sections of the Michigan Administrative Code. This letter is to inform you that the above listed financial documents are being forwarded to the appropriate district offices of the Michigan Department of Natural Resources (MDNR)

- 2 -

for their review and that future submittals should be to the MDNR rather than the Chicago regional office of U.S. EPA.

If you have any questions or desire additional information, please contact Mr. Ronald Brown on my staff at (312) 886-4463.

Sincerely yours,

Paul E. Dimock, Chief IL/MI/WI Enforcement Programs Section

cc: Benedict Okwumabua, MDNR-Northville w/enclosure (originals)
 [including Notice of Cancellation of Liability Insurance for
 the Allied Chemical Company/Detroit Tar Plant MID 005 517 198
 by the Travelers Insurance Companies]
John Robertson, MDNR-Roscommon w/enclosures
 [including Notice of Cancellation of Liability Insurance for
 Allied-Signal/Bendix Guardian System MID 048 222 601 by The Travelers
 Insurance Companies]
Harry Chappel, IEPA-Compliance w/enclosures

bcc: Sally Swanson (5HS-12) w/enclosures Zetta Thomas (5HS-12)

	CONCURRENCE	S	
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DATE 6.199	5-19-88		*



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

### REGION 5 230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

MAR 2 6 1987

REPLY TO THE ATTENTION OF:

5HE-12

U.S. EPA ID #: MID005517158

ALLIED UMEMICAL CURP LETRUIT TAR P# PO BUX 20950 DETROIT MI 48232

Re: RCRA Financial Responsibility

Dear Owner/Operator:

On October 30, 1986, the State of Michigan was granted final authorization by the Administrator of the United States Environmental Protection Agency (U.S. EPA) to administer a hazardous waste program in lieu of the Federal program. As a result of final authorization, Michigan is required to enforce the provisions of the Resource Conservation and Recovery Act (RCRA). One of these provisions (40 CFR Part 265, Subpart H) requires all hazardous waste facilities to demonstrate financial responsibility for liability coverage and closure/post-closure care.

To implement this aspect of authorization, financial documents must be written to satisfy the requirements of the Michigan Administrative Code 1985 AACS, Part 7, which is the Michigan equivalent of 40 CFR Part 265, Subpart H. This letter is to notify you that your financial test should be updated and sent to the Director of the Michigan Department of Natural Resources within 90 days after the close of your fiscal year.

If you have any questions or desire additional information, please contact Ms. Sharon Johnson at (312) 886-4581 or Ronald Brown at (312) 353-7921.

Sincerely yours,

William E. Muno, Chief RCRA Enforcement Section

Wm. E. Muno

cc: John Bohunsky, MDNR



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Allied-Signal Inc. Health, Safety & Environmental Sciences P.O. Box 2332R Momstown, NJ 07960

March 20, 1987

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CERTIFIED MAIL
RETURN RECEIPT REQUESTED

MAR 25 1987

OFFICE OF REGION 5

Mr. Valdas V. Adamkus Regional Administrator, Region V U.S. Environmental Protection Agency Federal Building 230 South Dearborn Chicago, IL 60604

Dear Mr. Adamkus:

On March 21, 1986, we submitted to your office proof of financial assurance for closure and post-closure care for facilities subject to regulation under 40 CFR Part 265, Subpart H. These included facilities in Michigan.

Section 265.143(e)(5) requires that updated financial data be submitted within 90 days of the close of each fiscal year. For our firm, the fiscal year ends December 31. Thus, we are submitting the updated financial information as specified.

The following items are attached:

- i. A letter signed by Donald R. Kayser, Senior Vice President, the chief financial officer of Allied-Signal Inc.
- ii. A copy of a report on examination of Allied-Signal Inc. financial statements for the latest completed fiscal year prepared by Price Waterhouse & Co., an independent certified public accountant.
- iii. A special report from Price Waterhouse as required.

We are also using the financial test to demonstrate financial responsibility for liability coverage as applicable.

O. WMD CC: RF (CERT #P 319 059 343

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S.E. Michigan Field Office 15500 Sheldon Road Northville, MI 48167

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON E. R. CAROLLO MARLENE J. FLUHARTY STEPHEN F. MONSMA O. STEWART MYERS RAYMOND POUPORE HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

### **DEPARTMENT OF NATURAL RESOURCES**

RONALD O. SKOOG, Director

January 23, 1985

Allied Chemical Corporation Detroit Tar Plant 1200 Zug Island Road Detroit, Mich.

RE: MID 005517198

Gentlemen:

As part of our FY85 Hazardous Waste Management Cooperative Agreement with the U.S. EPA, we are obligated to review the adequacy of the closure and post-closure plans for all hazardous waste treatment storage and disposal facilities (TSDFs) in the state.

Your facility falls under this classification. Therefore, please submit two up-to-date copies of your closure plan for your treatment, storage, and disposal facility by February 15, 1985.

The above should be sent to the following address:

Hazardous Waste Division Michigan Department of Natural Resources 15500 Sheldon Road Northville, MI 48167

If you have any questions regarding this letter, please contact me at (313) 459-9180.

Sincerely,

Benedict N. Okwumabua, PhD.

District Supervisor

Hazardous Waste Division

cc: U.S. EPA

J. Bohunsky

A. Howard



Fud Signal - Detroit
TAR Plant
Inspection Priorities for RCRA Interim Status Financial Responsibility
Requirements

1.

265.140(c)	Is this a State or Federal Facility	
FINANCIAL A	SSURANCE REQUIREMENTS	MID 005 6/7
265.142(a)	Is the written closure cost estimat	e available? YES
265.144(a)	Is the written post-closure cost es	timate available? $\mathcal{N}\mathcal{A}$
265.142(c) 265.144(c)	Have any revisions been made to the closure cost estimates which increaclosure/post-closure?	e closure/post- ise the cost of $\mathcal{N}$ $\mathbb{O}$
265.142(d) 265.144(d)	Have the closure/post-closure cost revised to reflect the increased copost-closure?	
265.142(b) 265.144(b)	Have the closure/post-closure cost to the current year by either recal or using an inflation factor derive Implicit Price Deflator from the U.	culating the cost estmiates ed from the most recent
	Note: The annual Implicit Price De from April 1987 to April 198 be obtained from the Commerc Chicago, (312) 353-4450.	38 (for example) and can
	1980 - 85.7 1981 - 97.0 1982 - 100.0 base yea 1983 - 103.8	1984 - 108.1 1985 - 111.7 1986 - 114.5 1987 - 116.4
	Which financial instrument(s) is us closure care costs?	sed to assure closure/post-
	Closure	Post-Closure
	Trust Fund *	Trust Fund *
	Surety Bond*	'Surety Bond*
	Letter of Credit*	Letter of Credit*
	Insurance*	Insurance*
	Financial Test	☐ Financial Test
	Corporate Guarantee	Corporate Guarantee
265.143(f) 265.145(f)	Combination of above* Specify:	Combination of above* Specify:
265.143(g) 265.145(g)	One instrument for multiple facilities , specify:	One instrument for multiple facilities specify:

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FRIDAL SPENINGS SPENINGS

265.146	Has the owner or operator used one instrument for financial assurance of both closure and post-closure care? Yes
265.142 265.144	Does the amount of the financial assurance instrument(s) equal or exceed the current closure/post-closure cost estimates?
265.150	Has the State assumed responsibility for the facility's compliance with closure/post-closure care requirements?
LIABILITY	REQUIREMENTS
265.147(a	) Does the owner or operator have coverage for sudden accidental occurrences in an amount of at least \$1 million per occurrence with an annual aggregate of at least \$2 million, exclusive of legal defense costs?
265.147(a	) What is the method of coverage? $465$
	Insurance
	Hazardous Waste Facility Endorsement, or
	Certificate of Liability Insurance
	Financial test.
	Corporate Guarantee
	Combination of financial test or corporate guarantee and insurance
265.147(b	) Does the owner or operator of a surface impoundment, landfill, or land treatment facility which is used to manage hazardous waste have coverage for nonsudden accidental occurrences in the amount of at least \$3 million per occurrence with an annual aggregate of at least \$6 million, exclusive of legal defense costs
265.147(b	) What is the method of coverage? $\mathcal{N}$
	Insurance
	Hazardous Waste Facility Liability Endorsement, or
	Certificate of Liability Insurance
	Financial test
	Corporate guarantee
	Combination of financial test or corporate guarantee and insurance

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andre de la companya de la 265.147(e) After receiving final closure certifications from the owner or operator and an independent registered professional engineer, has the Director notified the owner or operator in writing that the owner or operator is no longer required to maintain liability coverage?

265.150 Has the State assumed responsibility for the owner's or operator's compliance with the liability requirements for sudden and/or nonsudden accidental occurrences?

# Depending on the division of responsibility between the district offices and the central office in Lansing, the following may apply to a CEI inspection:

265.143	Does the wording of all financial instrument(s) match that
265.145	in 264.151 and identify the Director of MDNR rather than the
	U.S. EPA Regional Administrator? 465

265.143(a) Are the closure/post-closure cost estimates calculated according to 265.145(a) Federal and State requirements?

265.143 Have the procedures regarding the financial instrument(s) been 265.145 followed?

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### GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

#### I. NON-REGULATED STATUS

1. NON-REGULATED STATUS	
Complete this section only if you did not generate regulated 1 Non-handler	
quantities of hazardous waste at any time during the 1983 2 Small Quantity Generator calendar year. Circle the one code at right that best describes	
your status during the entire year (see instructions for 4 Exempt	
explanation of codes). 5 Beneficial Use	
9 Closed	
Please print/type with elite type (12 characters per inch)  This Installation's Non-Regulated Status is Expected to Apply:	
II. GENERATOR'S EPA I.D. NUMBER	
T/A C (1.3D)	
F M I D O O 5 5 1 7 1 9 8 1 0 0 0 0 5 5 1 7 1 9 8 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
C303 ENTRY (OFFICIAL USE ONLY):	
III. NAME OF INSTALLATION	
III. NAME OF INSTALLATION	
[A L L I E D   C H E M I C A L   C O R P   D E T R O I T   T A R   P L A N T	
30 69	
IV. INSTALLATION MAILING ADDRESS	
3 P O   B O  X   3 3 9 5 O	
Street or P.O. Box	
4 D E T R O T T	
15 16 41 42 47 51	
City or Town State Zip Code	
V. LOCATION OF INSTALLATION (if different than section IV above)	
V. LOCATION OF INSTALLATION (II different thair section IV above)	
5 1 2 0 0   Z U G   I S L A N D   R D	
15 16 45 Street or Route number	
6 DETROITE	
City or Town State Zip Code	
City of fown	acies :
VI. INSTALLATION CONTACT	
2 B U R R O U G H S K E N	
15 16 45	

Name (last and first)

13 1 3 - 8 4 2 - 4 4 0 0 5 55

Phone No. (area code & no.)

#### VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

K. W. Burroughs, Plant Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

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## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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VIII. GENERATOR'S EPA I.D. NO.		
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X. FACILITY'S EPA I.D. NO.

M I D 0 4 8 0 9 0 6 3 3 16 28 IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

WAYNE DISPOSAL, INC.

XI. FACILITY ADDRESS

49350 N. SERVICE DRIVE BELLEVILLE, MI 48111

XII. TRANSPORTATION SERVICES USED

INLAND WATER POLLUTION CONTROL - EPA I.D. #MID000820325

XIII. W	AS	TE IDENTIFICATION										of E
Sequence #	# e	A. Description of Waste	B DO	Hazard	C. EPA F Wast (see inst	lazardous e No. tructions)	Ε	). An	nount	of \	Waste	E. Unit o
29 3)	1	Wastewater treatment sludges generated in the	<u>1</u>	⊥ <b>5</b> 34	K <sub>1</sub> 0 <sub>1</sub> 3 <sub>1</sub> 5 5 11 <sub>16</sub> 3 43 46		l <u>5</u> 1				6   <b>2 0</b>	$oxed{\mathbf{T}}$
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	3	naphthalene and signifi-		1			ı		1		i ! i	
	4	cant amounts of non- hazardous wastes and slag						<u> </u>		1		- 1
	5	for stabilization.		1			1	J	ll	.L	·	
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XIV. COMMENTS (enter information by section number-see instructions)

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